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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # L9900007103

Entity Name

Principal Place of Business

MAGNET MEDIA PARTNERS, LLC



FILED Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90013 022 ****50.00

3/38/03 954-171-924

C/O CARA EBERT CAMERON. P.A. 2929 EAST COMMERCIAL BLVD STE. 410 FT. LAUDERDALE FL 33308		C/O CARA EBERT CAMERON. P.A. 2929 EAST COMMERCIAL BLVD STE. 410 FT. LAUDERDALE FL 33308		1 140 141 141 141 141 141 141 141 141 14	1
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0955655 Applied For Not Applied	\longrightarrow
Zip	Country	Zip	Country	5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	\neg	
CAMERON, CARA EBERT 2929 EAST COMMERCIAL BLVD., STE. 410 FT. LAUDERDALE FL 33308			Name Street Addre	ress (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	-
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature re	required when reinstating) DATE	ļ
		Make Check Payable	W!!! FEE IS \$50. e to Florida Depart By May 1, 2003		
9.	MANAGING MEMBI	ERS/MANAGERS	10.	ADDITIONS/CHANGES	\neg
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMERON, CARA EBERT 2929 EAST COMMERCIAL BLVI	□ Delete D., SUITE 410	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addi	tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT. LAUDERDALE FL 33308 MGRE SMITH, BARRY 2929 EAST COMMERCIAL BLVI	Delete D., SUITE 410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT. LAUDERDALE FL 33308	☐ Delete	TITLE NAME STREET ADDRESS* 4 CTY-ST-ZIP	☐ Change ☐ Addi	tion
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver outrustee empowered to execute this report as required by Chapter 608, Florida Statutes.